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ABSTRACT

This study attempted to determine how effective clergy are as counselors. Clergy (N=131) from a 7 county area in the Northeast were asked to provide information on their counseling practices, including presenting problems brought to counseling and the counseling techniques they used. A self-appraisal of their effectiveness was obtained. Contrary to expectations, few differences were noted between rural and urban counseling practices. Overall, the data suggested that clergy counseling practices were remarkably similar to those reported in the last two decades. Clergy continue to actively provide counseling services at about the same frequency as previously reported. The nature of the presenting problems, seen both frequently and infrequently, is also similar to those reported earlier. There is an indication that clergy today are somewhat better educated than their predecessors; however, a clear desire for additional training continues to be voiced. Since clergy will likely continue to be valuable partners in the mental health field, enhancing their training will be an important goal. Monitoring clergy counseling practices is a valuable measure, especially since the impact and effect of managed health care are not clearly known. (Contains 2 tables and 18 references.) (JDM)

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Clergy as Counselors:

The "Sleeping Giant" Revisited

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This study was supported in part by an Individual Development Award from the State of New York/United University Professional Development and Quality of Working Life (PDQWL) Committee.

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Abstract

This study attempted to provide an updated look at the counseling practices of clergy in general and also to compare the practices of urban and rural clergy. In addition, this study attempted to provide some preliminary information on the effectiveness of clergy as counselors. Clergy from a seven county area in the northeast (N = 131) were asked to provide information on their counseling practices, including presenting problems brought to counseling and counseling techniques used, as well as self-appraisals of their effectiveness. Contrary to expectations, few differences were noted between rural and urban counseling practices. Overall, the data suggest that current clergy counseling practices are remarkably similar to those reported in the last two decades. Since clergy continue to be active partners in providing mental health services, it is recommended that psychologists look for new ways to be responsive to clergy training needs and to enhance their counseling effectiveness.

Clergy as Counselors: The "Sleeping Giant" Revisited

A common finding in the literature is that many people prefer to see clergy or pastoral counselors first when seeking help (e.g., Chalfant, Heller, Roberts, Briones, Aguirre-Hochbaum, & Farr, 1990; King, 1978; Quackenbos, Privette, & Klentz, 1985). Indeed, Haugk (1976) noted that pastors may be seen as important mental health resources because they are geographically close and already have established personal relationships with their congregants. There is also less stigma associated with meeting with one's pastor.

Clinebell (1970, p.46), and others who continue to cite Clinebell, view clergy and their churches as "collectively represent[ing] a sleeping giant, or huge potential of barely tapped resources for fostering mental health." The advent of managed health care and the realization that long-term therapy will be less affordable/available, has led some to conclude that clergy will play a more significant role in mental health care (Worthington, Kurusu, McCullough, & Sandage, 1996). In fact, Worthington et al. predicted that those few clergy who counsel will be in demand by many more clients (even non-church members), and will be seen as a viable resource after insurance-covered psychotherapy is exhausted.

There is also reason to believe that clergy play a very significant role in the mental health needs of rural populations. Psychology is largely an urban profession, leading rural populations to be underserved (Voss, 1996). Voss pointed to the distinct mental health issues faced by rural populations including poverty and its associated stresses (farm crises, depression, uncontrollable circumstances, etc.), as well as increased alcohol abuse. Voss noted that for economic reasons, the church is often seen as an affordable resource for help. Yet, little is known about the counseling practices of rural clergy as distinct from their urban counterparts.

During the 1970's and 1980's, a number of investigators explored the counseling practices of clergy in general. Researchers typically identified the kinds of issues dealt with by clergy counselors, the specifics of their counseling practice (hours spent counseling, length of sessions, etc.), and the kinds of counseling skills frequently employed (e.g., Abramczyk, 1981; Arnold & Schick, 1979; Bell Morris, Holzer, & Warheit, 1976; Lowe, 1986; Mollica, Streets, Boscarino, & Redlich, 1986, Rupert & Rogers, 1985; Virkler, 1979; Wright, 1984). In a review of this literature, Worthington et al. (1996) noted that clergy see essentially the same client issues as mental health professionals. However, this conclusion was based largely on data that is at least 10 years old.

Our knowledge of the counseling skills used by clergy, is similarly dated. Worthington et al., concluded that the quality of mental health care people receive will depend on our increased knowledge of clergy counseling practices. In particular, they pointed to the need to know about effectiveness or how well clergy counsel.

The purpose of this study was to provide an updated look at the counseling practices of clergy in general, and more specifically, to compare the counseling practices of rural and urban clergy. In addition, this study was designed to provide some preliminary information on the effectiveness of clergy as counselors.

Method

Subjects

Using internet yellow pages (BigYellow.com), clergy were identified from a seven county region in the northeast that included a metropolitan area with a population of more than 350,000. In order to ensure that rural and urban participants were included in the sample,

researchers intentionally identified participants who could be considered "rural," "suburban," and "urban" based on their geographical proximity to the metropolitan area and zip code.

The clergy sample included 117 men (90%), 7 women (5%), and 7 gender not reported (5%), with a mean age of 54 (range = 34-84; SD=10.5). Eighty-four percent of the participants were employed full-time in their churches, and had an average of 27 years' experience in ministry (range = 6 months - 56 years). Most of the clergy were pastoring churches with a weekend worship attendance of 100-200 (43%), while 29% reported a weekend worship attendance of less than 100. Forty-one percent of the clergy identified their churches as rural, while 24% saw their ministry location as urban. In terms of training, 73% of the clergy reported at least some counseling coursework along with seminary training, and 70% had earned at least a Master of Divinity degree.

Instrument

A survey was developed to assess clergy counseling practices, including presenting problems brought to counseling and counseling skills/techniques used. The presenting problems and counseling skills/techniques were generated by identifying those reported in a number of previous studies (Abramczyk, 1981; Bell, et al., 1976; Lount & Hargie, 1997; Lowe, 1986; Rupert & Rogers, 1985), and combining them to generate comprehensive lists. This process resulted in lists of twenty-nine presenting problems and thirty-two counseling skills/techniques.

Using a 5-point scale anchored by (1) never and (5) very frequently, the survey asked clergy to rate the frequency of their counseling contacts with various age groups, how frequently they counseled individuals with the specific presenting problems, and how frequently they used the specific counseling techniques/skills. As a preliminary measure of effectiveness, the survey also asked clergy to rate their effectiveness in dealing with the presenting problems and their

effectiveness in using the counseling skills/techniques on a 10-point scale (10 = very effective; 1 = not effective). In addition, clergy were asked to provide basic demographic data about themselves and their church, information about their typical counseling caseload, and information about their training in counseling. To ensure that the survey was understandable and clear, it was reviewed by four clergy persons who were not part of the study.

Procedure

Four hundred sixty-four surveys were sent to clergy over the course of three mailings. The initial mailing included a cover letter requesting participation, the survey, and a postage-paid return envelope. In addition, to guarantee anonymity, participants also received a separate postage-paid postcard to mail separately from their survey to indicate that they had completed and mailed the survey. After 3 weeks, a second mailing was sent to non-respondents which essentially duplicated the first mailing, but added an additional note encouraging participation. The third and final mailing was simply a postcard reminder to the remaining non-respondents about 4 weeks later. Of the 415 surveys that were deliverable, 176 were acknowledged as received and/or returned for use (response rate = 42%). Of the returned surveys, 131 were usable.

Results

In terms of general counseling practices, it was clear from these data that clergy continue to be actively involved in providing counseling services. Clergy reported spending an average of 5.80 hours/week providing counseling (SD = 6.28), with 33% of the clergy indicating that they frequently or very frequently have regularly scheduled counseling appointments. Twenty-four percent of the clergy reported frequently or very frequently counseling people who do not attend their church. While the majority (61%) of clergy typically have 4 or less total sessions

with their clients, 15% reported typically having 7 or more sessions with their clients. On a 5-point frequency scale anchored by never (1) and very frequently (5), clergy reported seeing individual clients most frequently (M = 3.70, SD = .72), followed by couples (M = 3.29, SD = .86) and families (M = 2.54, SD = .89). Using the same frequency scale, it was noted that middle-aged adults (36-55 yrs.) were most frequently seen as clients (M = 3.33, SD = .67), followed by young adults (26-35 yrs.; M = 3.28, SD = .72) and senior adults (56-70 yrs.; M = 2.92, SD = .89). Junior high adolescents (12-14 yrs.) and children (11 yrs. or younger) were least frequently seen (M = 2.28, SD = .76 and M = 1.95, SD = .87, respectively).

In order to compare the counseling practices of urban and rural clergy, it was necessary to check the validity of the self-reported ministry location. Self-reported ministry location (urban, rural) was correlated with the researchers' index of location (based upon the participant's proximity to the metropolitan area and zip code). The resulting correlation was very significant and in the predicted direction (Spearman's rho = .68, $p \leq .001$).

The measure of self-reported ministry location (urban/rural) was then correlated with all measures of presenting problems and counseling techniques (for both frequency and effectiveness). With respect to presenting problems, being in a more rural setting predicted a lower frequency of counseling individuals with aging/retirement issues (r = .21), elder care issues (r = .21), and general dissatisfaction with life issues (r = .19). Being in a rural setting also predicted lower effectiveness ratings in counseling persons with inadequacy/worthlessness issues (r = -.26), divorce issues (r = -.25), and relatives/in-law problems (r = -.22). With respect to the use of counseling techniques, the only significant relationship was a decreased use of modeling by rural clergy (r = -.18). Out of 122 possible correlations, only seven were statistically

significant (using an alpha of .05, six significant effects would have been expected simply due to chance).

In order to take a global look at the issue of clergy effectiveness in counseling, correlations were calculated between the self-reported effectiveness and frequency ratings for each of the presenting problems and counseling techniques. For all of the items (except one) the correlations were positive and statistically significant (higher frequency predicted higher self-reported effectiveness). However, the averages of these correlations were significantly higher [$t(28) = -5.52$, $p \leq .001$] for the technique ratings (average $r = .56$) than for the presenting problem ratings (average $r = .38$).

Table 1 provides a listing of the mean frequency ratings for each of the presenting problems surveyed. Spiritual concerns, premarital counseling, death/dying/grief issues, anxiety, and relationship communication problems were the five areas most frequently dealt with in counseling, followed by marital separation/divorce, depression, and problems with children. The five most infrequent issues brought to counseling were: suicidal concerns, child/spousal abuse, legal concerns, homosexuality, and abortion.

Also included in Table 1 are the self-reported mean effectiveness ratings for dealing with each of the problems. Clergy reported feeling most effective in dealing with spiritual issues, death/dying/grief issues, premarital counseling, guilt, and anxiety. Lowest self-appraisals of effectiveness were reported for counseling individuals with concerns related to homosexuality, sexual problems/issues, child/spousal abuse, severe emotional problems and legal concerns.

Table 2 presents the mean frequency ratings and self-appraisals of effectiveness for the use of counseling skills/techniques. Listening, allowing the person to talk, praying, discussing faith, and demonstrating understanding/empathy were the most frequently utilized counseling

skills/techniques among the clergy, followed by offering/encouraging forgiveness and offering encouragement/support. The least frequently utilized skills were giving advice, mediating, assigning homework, roleplaying, and psychological or personality testing.

With respect to self-appraisals of effectiveness in the use of counseling skills, clergy reported being most effective at discussing faith, allowing the person to talk, praying with the person, listening, and demonstrating understanding/empathy. Clergy rated themselves as least effective in using modeling, giving advice, assigning homework, role-playing, and psychological or personality testing.

Finally, training issues were explored. The relationship between level of training and the kinds of counseling skills/techniques utilized was assessed. Clergy were assigned an ordinal rating for their level of training on a 6-point scale (1 = undergraduate degree with no courses in counseling; 6 = seminary degree with clinical work in counseling). This ordinal training rating was correlated with frequency of use of each of the counseling skills/techniques. Eleven correlations were significant at the .05 level (based on this alpha level, only two correlations would be expected to be significant just by chance). In each instance, level of training was negatively related to the frequency of use of the skill in question (i.e., the more training, the less frequently a skill was used). Training was negatively related to the use of homework, roleplaying, challenging, encouraging action, encouraging church participation, explaining the problem, giving advice, mediating, praying, providing direction, and reading scripture/Bible (rho's range = -.19 - -.26).

When the ordinal ratings of training were correlated with the frequency ratings for presenting problems, only 3 significant correlations emerged. Level of training was positively related to the frequency of seeing clients with death/dying/grief issues and elder care issues, and

with clients seeking premarital counseling (rho's range = .207 - .279). However, an alpha level of .05 would yield two significant correlations just by chance

When asked to indicate areas where clergy desired more training, three presenting problems clearly emerged. Clergy were most interested in additional training in alcoholism and drug abuse (reported by 18% of the respondents), depression (15%), and child abuse/spousal abuse/rape (14%). The next most frequently reported areas for additional training were marital separation/divorce and aging/retirement issues (both were reported by 6% of the respondents).

Discussion

In seeking to update our understanding of the counseling practices of clergy, this study sought to specifically compare the practices of clergy in urban and rural settings. Perhaps what is most impressive about these findings was the lack of significant effects as urban and rural comparisons were made. Voss (1996) suggested that rural populations have distinct mental health needs and speculated that rural pastors feel ill-equipped to meet those needs. Voss also reported that there are some barriers to rural counseling interventions, such as a "do it yourself/fix it yourself" mentality among rural populations (p. 117) that keep people from seeking help except in crisis situations. However, these data do not appear to support Voss' speculated differences.

Rural and urban clergy appeared to be quite similar in terms of the frequency of counseling persons with a variety of presenting problems and their frequency of using a variety of counseling skills. In addition, rural and urban clergy did not report substantial differences in their self-rated effectiveness in dealing with counselees' presenting problems or in their effectiveness in using counseling skills. Indeed, those few differences between rural and urban clergy that were noted, could not be ruled out as chance findings. While it might be argued that

the survey instrument was not sensitive to existing differences between urban and rural clergy, that seems unlikely given the other significant findings reported in this study. It may be that the difference between rural and urban pastoral counseling settings is not as dramatic as some might predict (cf., Voss, 1996).

With respect to updating our understanding of the counseling practices of clergy in general, this study provided information that bears some similarity to previous research. Consistent with previous research, clergy continue to be a frequently used counseling resource. These clergy reported providing an average of about six hours per week of counseling, which is quite consistent with the figures reported by other researchers (range = 4.75 – 7 hrs./week; Lowe, 1986; Virkler, 1979; Winger & Hunsberger, 1988; Wright, 1984). The majority of the clergy in this study reported having four or less total counseling sessions with their clients, a finding that is also consistent with previous research (Abramczyk, 1981; Virkler, 1979). It would seem that the increased demand for clergy counseling services predicted by Worthington et al. (1996) has not been born out with this clergy sample. Perhaps the impact of HMO dictated therapy limits has not yet been realized in the clergy community. Alternatively, perhaps clergy are seen as a relevant counseling resource only by those who attend church (those who attend the church of the clergy counselor or another church), thus limiting the potential client population for clergy counselors.

One obvious demographic difference emerged in comparing the current clergy sample to previous samples. Previous studies reported anywhere from about 33 to 55% percent of their clergy respondents holding master's degrees (Rupert & Rogers, 1985; Virkler, 1979; Wright, 1984), while 70% of the current clergy sample holds at least a master's degree. This increase in master's level education may simply reflect the societal trend toward furthering one's education

beyond the bachelor's level, or it could be that clergy have recognized the need for more education as they work with their congregants.

Comparing the current data on frequency of dealing with certain presenting problems with that of previous researchers is complicated by the differing methodologies employed in each study. There is great variability in the number of presenting problems addressed and the terminology used to describe those problems. Nevertheless, some common themes emerged. Consistent with previous research (Abramczyk, 1981; Lowe, 1986; Rupert & Rogers, 1985; Virkler, 1979), depression and problems related to marriage continue to be seen frequently by clergy. Guilt and issues with a spiritual nature also continue to be frequent presenting problems, as they were previously (Lowe, 1986; Rupert & Rogers, Virkler, 1979). Finally, the currently clergy sample reported frequently dealing with issues related to death/dying, not unlike previous studies (Winger & Hunsberger, 1988; Wright, 1984).

In the current study, several of the least frequently reported presenting problems also were supported by older studies. For example, presenting problems related to sexual issues were reported as less frequent by Ambramczyk (1981), Lowe (1986), Virkler (1979), and Wright (1984). Presenting problems related to abuse were reported as less frequent by Abramczyk (1981) and Virkler (1979). It seems reasonable to conclude that the kinds of presenting issues seen by clergy continue to mirror those reported in the older literature.

With respect to the counseling skills employed by clergy, the current findings also seem to reflect many of the themes of the past. Once again, however, terminology differences and differences in measures make comparisons to old data challenging. In those studies that directly inquired about spiritually-based counseling techniques (e.g., Bell et al., 1976; Lowe, 1986; Rupert & Rogers, 1985; Virkler, 1979), prayer was a frequently used counseling technique,

consistent with the current data. Non-directive techniques (listening, allowing the client to talk, empathy/understanding) also seem to be frequently reported by previous researchers (Abramczyk, 1981; Lount & Hargie, 1997; Lowe, 1986), much like the current data. In contrast, several previous studies also support the idea that directive techniques are a frequent choice of clergy counselors (Bell, et al., 1976; Rupert & Rogers, 1985; Virkler, 1979). Explaining this apparent contradiction in the literature regarding the use of direct vs. indirect techniques is difficult because of methodological and/or sampling differences. However, Abramczyk (1981) reported a similar contradictory finding, and suggested that the level of conservatism of the respondents may account for the differences, with more conservative clergy being more directive in their counseling techniques.

In attempting to provide some preliminary data on the effectiveness of clergy as counselors, this study requested self-report data from its sample. Admittedly, self-report data is suspect at best, but it at least provides a starting point for discussion and further research. Our data clearly suggest that clergy find themselves to be most effective with the presenting problems and counseling techniques that they use most frequently. This is not surprising since one would expect that people would use techniques and deal with issues that they feel most effective with. However, given the nature of correlational data, it could also be argued that these clergy feel more effective with these presenting problems and techniques because they have had occasion to use them more frequently.

Clergy effectiveness in counseling has largely been overlooked by the existing literature. Bell et al. (1976, p. 113) reported that clergy found themselves to be "fairly effective to good in effectiveness and adequate and above in terms of skills," however, little else is specified in their write-up. Mannon and Crawford (1996) addressed the issue of clergy's confidence to counsel,

noting that clergy felt most confident to counsel spiritual and moral issues, marriage and family concerns, life adjustment issues, and emotional problems. While self-reported confidence and self-reported effectiveness are not the same index, it is interesting that the current study found some parallels. Consistent with Mannon and Crawford's areas where clergy felt most confident, this study found spiritual concerns, marital separation/divorce, premarital counseling, and some emotional problems (anxiety/worry, anger) included in the top ten presenting problems where clergy felt most effective. There may be some common areas where clergy feel both effective and confident as counselors.

Previous research (Lowe, 1986; Rupert & Rogers, 1985) reported a negative relationship between level of training or education and the use of spiritually-oriented techniques (e.g., use of the Bible, prayer, etc.). A positive relationship has also been noted between the level of training and the use of non-directive or indirect counseling techniques (Arnold & Schick, 1979; Lowe, 1986; Rupert & Rogers, 1985). These findings seem to be upheld by the current study. Those clergy with lower levels of training were more likely to report using prayer and scripture/Bible reading. These clergy were also more likely to encourage church participation as part of their counseling. In addition, clergy with less training were also more likely to employ more directive techniques in their counseling practices (e.g., assigning homework, encouraging action, providing direction, giving advice, explaining the problem to the person). It would appear, then, that the level of education or training continues to influence the types of counseling skills employed in a manner consistent with previous research.

Previous researchers have also consistently reported that clergy desire more training in counseling (e.g., Abramczyk, 1981; Bell, et al., 1976; Lowe, 1986; Rupert & Rogers, 1985). The current sample of clergy appears to concur, indicating a desire specifically for training in the

areas of alcoholism/drug abuse, depression, and child abuse/spousal abuse/rape. Lowe (1986) also noted the expressed need for training with respect to the problem areas of depression and substance abuse. Virkler (1979) noted that depression was a presenting problem that was frequently seen by clergy, but also one where clergy felt inadequately trained.

Conclusion

Overall, it would seem that the current findings strongly parallel those reported in the last two decades. Clergy continue to be actively providing counseling services at about the same frequency as previously reported. The nature of presenting problems seen both frequently and infrequently is also remarkably similar to those reported earlier. Despite some speculation that rural and urban clergy might have differing counseling practices (cf., Lowe, 1986), quite surprisingly, there seem to be more similarities than differences between the two groups.

While this study provides a preliminary look at how effective clergy believe they are as counselors, our understanding of clergy counseling practices would be greatly enhanced by studies that use a less reactive and more direct measure of actual counseling outcomes. There is also an indication that clergy today are somewhat better educated than their predecessors, however, a clear desire for additional training continues to be voiced. Since clergy will likely continue to be valuable partners in the mental health arena, it behooves us to consider ways in which we can be responsive to their training needs and enhance their effectiveness as counselors. It may also be prudent to continue to monitor clergy counseling practices, in case the impact of managed health care has yet to be felt.

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Table 1

Mean Frequency and Effectiveness Ratings for Presenting Problems

Presenting Problem	Mean Frequency[1]	Mean Effectivness[2]
Spiritual Concerns/Matters of Faith	4.06	8.15
Premarital Counseling	3.70	7.32
Death, Dying, or Grief Issues	3.68	7.80
Anxiety/Worry	3.52	6.55
Relationship Communication Problems	3.30	6.48
Marital Separation/Divorce	3.27	6.32
Depression	3.25	5.91
Problems with Children	3.24	6.09
Guilt	3.21	6.93
Anger	3.02	6.24
Loneliness/Alienation	3.02	6.20
General Dissatisfaction with Life	2.89	6.25
Alcoholism/Drug Abuse	2.88	5.35
Elder Care Issues	2.87	5.81
Inadequacy/Worthlessness	2.86	6.51
Financial Problems	2.77	5.40
Infidelity/Adultery	2.75	6.09
Job-related Issues/Unemployment	2.73	5.36
Aging/Retirement Issues	2.66	5.71
Relatives or In-law Problems	2.63	5.62
Severe Emotional Problems	2.59	4.58
Problems Related to Others' Physical Illness Or Handicap	2.56	5.66
Problems Related to Own Physical Illness Or Handicap	2.53	5.54
Sexual Problems/Issues	2.46	5.02
Suicidal Thoughts, Talk, or Gestures	2.34	5.68
Child Abuse, Spousal Abuse, or Rape	2.20	4.82
Legal Concerns/Issues	2.05	4.16
Homosexuality	1.99	5.06
Termination of Pregnancy/Abortion	1.94	5.64

[1] Based on 5-point scale (1 = never; 5 = very frequently); Overall M = 2.86; SD = .52; N = 122-128 (93-98% of the sample provided frequency ratings).

[2] Based on 10-point scale (1 = not effective; 10 = very effective); Overall M = 5.94; SD = .89; N = 80-92 (61-70% of the sample provided effectiveness ratings).

Table 2

Mean Frequency and Effectiveness Ratings for Counseling Skills/Techniques

Counseling Skill/Technique	Mean Frequency[1]	Mean Effectivness[2]
Listening	4.61	8.12
Allowing person(s) to talk	4.51	8.20
Praying with person	4.46	8.17
Discussing faith	4.43	8.25
Demonstrating understanding/empathy	4.38	7.96
Offering or encouraging forgiveness	4.31	7.93
Offering encouragement/support	4.29	7.78
Encouraging church participation	3.99	7.01
Clarifying	3.95	6.78
Giving sympathy	3.93	7.32
Encouraging action/getting busy	3.87	6.92
Reflecting person's feelings	3.86	7.08
Reflecting content of person's concerns	3.85	7.01
Giving/sharing information	3.84	6.84
Probing/questioning	3.79	6.88
Reading scripture or the Bible	3.78	7.32
Providing direction	3.74	6.69
Confessing/Confronting sin	3.73	6.80
Making referrals	3.63	7.00
Providing information on local resources	3.63	6.54
Confronting other issues	3.61	6.66
Explaining problem to person	3.59	6.45
Challenging	3.58	6.51
Interpreting	3.54	6.76
Teaching	3.51	6.60
Exploring person's past	3.35	5.91
Modeling	3.28	5.77
Giving advice	3.20	5.72
Mediating	3.09	5.91
Assigning homework	3.03	5.42
Role-playing	2.54	4.48
Psychological or personality testing	2.06	3.96

[1] Based on 5-point scale (1 = never; 5 = very frequently); Overall M = 3.72; SD = .56; N = 124-129 (93-98% of the sample provided frequency ratings).

[2] Based on 10-point scale (1 = not effective; 10 = very effective); Overall M = 6.77; SD = 1.01; N = 79-95 (60-73% of the sample provided effectiveness ratings).